



Date: September 15, 2017
To: Nursing Facility Providers
Subject: Information Letter No. 17-20 — Billing for Preadmission Screening and Resident Review Assessments and Services

The purpose of this letter is to notify nursing facility providers how to bill for Therapies, Customized Manual Wheel Chairs (CMWC) and Durable Medical Equipment (DME) reimbursed through the Preadmission Screening and Resident Review (PASRR) program at HHSC.

Nursing facility providers must review the resident's Medicaid Eligibility and Service Authorization Verification (MESAV) to verify a service authorization has been created and to determine which service code was used. Nursing facility providers should then [refer to the Long-term Care Bill Code Crosswalk when billing](#). To determine which row in the Crosswalk to use the nursing facility must:

- locate the rows with the service code used in the resident's MESAV; and
- select the appropriate description, where the dates of service being billed are within begin and end dates identified in the last two columns of that row.

The bulleted lists below identify the service codes used by HHSC to create the service authorization. Note these service codes vary and depend upon whether the assessment or service was submitted and approved using the Specialized Services Customized Manual Wheelchair (CMWC) Authorization Request (Form 1018), Specialized Services Durable Medical Equipment (DME) Authorization Request (Form 1017) and Specialized Services Request (Form 2465) process or using the new online Nursing Facility Specialized Services (NFSS) form.

Therapy Assessment (Form 2465)

- OT NF Assessment - 7A
- PT NF Assessment - 8A
- ST NF Assessment - 9A

Therapy Assessment (Online NFSS Form)

- OT NF Assessment - 7AE
- PT NF Assessment - 8AE
- ST NF Assessment - 9AE

Therapy Service (Form 2465 or Online NFSS Form)

- OT NF Service - 7A
- PT NF Service - 8A
- ST NF Service - 9A

Customized Manual Wheel Chair Assessment (Form 1018 or Online NFSS Form)

- CMWC Assessment By OT - 7C
- CMWC Assessment By PT - 8C

Customized Manual Wheel Chair (Form 1018 or Online NFSS Form)

- CMWC Item - 15D

Durable Medical Equipment Assessment (Form 1017 or Online NFSS Form)

- DME Assessment By OT – 15PA
- DME Assessment By PT – 15PB

Durable Medical Equipment Item (Form 1017)

- DME/Adaptive Aids - 15P

Durable Medical Equipment Item (Online NFSS Form)

- Gait Trainer - 15PC
- Low Air Pressure Mattress - 15PD
- Orthotic Device - 15PE
- Positioning Device - 15PF
- Prosthetic Device - 15PG
- Standing Frame/Table System - 15PH
- Travel Chair/Restraint - 15PI

For assistance regarding PASRR billing, nursing facility providers should contact TMHP at 1-800-626-4117 and select option 1.

For questions regarding the content of this letter, please contact the HHSC IDD PASRR Unit at 1-855-435-7180.

Sincerely,

[signature on file]

Haley Turner
Deputy Associate Commissioner
Intellectual and Developmental Disabilities